RUN DATE	: 03/15/2004		I	PRS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 03/16/2004 FINANCIAL PAYER: NCDMH				
				FINANCIAL PAIDR: NCDMI				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8931	300	AMTNC INELIGIBLE TO RECEIVE SE				
	H/DD/SAS			RVICES IN IPRS.				
		8599	214	DETAIL NOT COVERED BY COMBINAT	44:	2 1024	10452	942
				ION OF RECIPIENT, PROVIDER AND	44.	1024	10432	342
				BENEFIT PACKAGE.				
		24	108	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE				
	_			CODE/TYPE OF SERVICE COMBINATI				
3404902	BLUE RIDGE COMM	8505	912	CLAIM DENIED DUE TO INSUFFICIE				
	UNITY			NT BUDGET				
		21	148	DUPLICATE OF CLAIM-SYSTEM		1061	1155	9
			+			1061	1155	9
	<u> </u>						<u> </u>	
-								
		8800	1	FURTHER PROCESSING NECESSARY,				
		+	_	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				torona m. o.				
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0					
		0	0		-	0	0	
3404905	TREND COMM MENT	21	144	DUPLICATE OF CLAIM-SYSTEM				
	AL HLTH CTR							
		11	119	CLIENT NOT ELIGIBLE ON SERVICE		422	566	14
				DATE	'	422	300	14
		8599	88	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0				40	
					'	0	42	4
3404910	PATHWAYS	8326	21954	ATTENDING PROVIDER NUMBER IS R				
				EQUIRED WHEN BILLED WITH GROUP				
	_	+		NUMBER. ADD ATTENDING NUMBER A			1	
	+	120	71	CLIENT ID NUMBER MISSING OR IN		22156	22203	4
	+			VALID. ENTER CID AND SUBMIT	<u> </u>	22130	22203	
				AS A NEW CLAIM				
		191	65	CITEME IN NUMBER ROSE NOW MAKE				
		131	00	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
	+	+	_				1	
	+						1	
1404012	CATAWBA COUNTYM	8505	1870	CLAIM DENIED DUE TO INSUFFICIE				
3404912				NT BUDGET				
3404912	ENTAL HEALT		1		_		-	
3404912	ENTAL HEALT				1	1	1	
3404912	ENTAL HEALT	24	28	PROCEDURE CODE, PROCEDURE/MODI		1010	1007	
3404912	ENTAL HEALT	24	28	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE		1 1910	1927	1
3404912	ENTAL HEALT	24	28			1910	1927	1
3404912	ENTAL HEALT		28	FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI		1910	1927	1
3404912	ENTAL HEALT	24 8599	28	FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT		1910	1927	1
3404912	ENTAL HEALT		28	FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI		1 1910	1927	1

		UZAU BRIUZZZ	NUMBER OF				TOTAL	TOTAL
		HIGH DENIAL		DECCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404913	MECKLENBURG COM	23	4403	SERVICE REQUIRES PRIOR APPROVA				
	ENTAL HEALT			L				
	ENIAD HEAD!							
		8599	638	DETAIL NOT COVERED BY COMBINAT	71	5578	6868	1290
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8544	224	CLAIM DENIED DUE TO INVALID FR				
				OM DATE OF SERVICE				
3404916	CROSSROADS BEHA	11	400	CLIENT NOT ELIGIBLE ON SERVICE				
	VIORAL HEAL			DATE				
	_	8621	14	60 RESIDENTIAL LEVEL III TREAT				
	_	0021	14	MENT RECEIVED, PA IS REQUIRED	0	427	815	388
	_			FOR ADDITIONAL SERVICE.				
	_			FOR ADDITIONAL SERVICE.				
		5404	5	SEVERE DUPLICATE: SAME ATTD PR	-			
	+		-	OV/PCODE/TOS/DOS/MOD	+			
			+		1			
	+	+	+		+	1	1	
3404917	CENTERPOINT HUM	8505	3425	CLAIM DENIED DUE TO INSUFFICIE	+	1	1	
	AN SERVICES	1	+ -	NT BUDGET	+	1	1	
	"WA SEVATORS	+	+					<b> </b>
	+							
	+	8599	237	DETAIL NOT COVERED BY COMBINAT	119	4122	5639	1517
	+			ION OF RECIPIENT, PROVIDER AND	117	1111	3033	1017
	_			BENEFIT PACKAGE.				
	_							
	_	8326	161	ATTENDING PROVIDER NUMBER IS R				
	1			EQUIRED WHEN BILLED WITH GROUP				
	1			NUMBER. ADD ATTENDING NUMBER A				
3404918	ROCKINGHAM CO M	8599	1	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0	0		0	1	11	10
3404919	GUILFORD CO MEN	8505	1479	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	376	FURTHER PROCESSING NECESSARY,	131	2562	3983	1421
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	281	DETAIL NOT COVERED BY COMBINAT				
	+	-	1	ION OF RECIPIENT, PROVIDER AND	1			
	+		1	BENEFIT PACKAGE.	1			
3404920	17.14.14.14.00	8505	7892	CLAIM DENIED DUE TO INSUFFICIE	1			
J.04320	ALAMANCE CASWEL	0000	.032	NT BUDGET				
	L AREA MH D		1	WI DODGEI	+			
	+	+	+		+	1	1	
		8800	684	FURTHER PROCESSING NECESSARY,	0	0.55	0===	
			1	PLEASE CHECK FOR CLAIM ON	0	8617	8722	105
	+	+	+	FUTURE RA'S.	+	1	1	
	+	+	+					<b> </b>
	+	21	30	DUPLICATE OF CLAIM-SYSTEM	+			
	+		+		+			
	+		1					
	1							
	ORANGE PERSON C	21	725	DUPLICATE OF CLAIM-SYSTEM				
3404921	HATHAM AREA							
3404921								
3404921		1						
3404921				CLAIM DENIED DUE TO INSUFFICIE		2021	3473	1452
3404921		8505	624		28	2021		
3404921		8505	624	NT BUDGET	28	2021		
3404921		8505	624		28	2021		
3404921		8505	624		28	2021		
3404921		8505 5404	220		28	2021		
3404921				NT BUDGET	28	2021		
3404921				NT BUDGET  SEVERE DUPLICATE: SAME ATTD PR	28	2021		

PROVIDER		urou process	NAME OF THE PARTY				TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF	DECCRIPATION.	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404922	THE DURHAM CENT	21	395	DUPLICATE OF CLAIM-SYSTEM				
J101JLL	ER ER		333	DOLLIGHT OF CHIEF OF CHIEF				
	244							
		0	0		(	395	598	203
2404022		8505	480	CTATH DENTED DUE SO THOUSELOTS				
3404923	VGFW AREA AUTHO	0303	400	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	RITY			11 202021				
		11	60	CLIENT NOT ELIGIBLE ON SERVICE	6	662	875	213
				DATE				
		8800	33	PHOMHED DROCEGOTIVE MEGEGGARY				
		0000	33	FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404924	PIEDMONT AREA M	8525	12	CLAIM DENIED, REFERRING PROVID				
	H/DD/SAS			ER MUST BE AN LMA.				
		0	0					
		0	U			12	12	0
	+							-
3404925	SANDHILLS CENTE	8505	3585	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	343	DETAIL NOT COVERED BY COMBINAT	153	4477	7963	3486
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII FACRAGE.				
		8502	223	CLAIM DENIED DUE TO INSUFFICIE				
				NT ALLOTMENT				
3404926	SOUTHEASTERN RE	8505	3004	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		11	186	CLIENT NOT ELIGIBLE ON SERVICE	115	2000	21.42	2154
		11	186	CLIENT NOT ELIGIBLE ON SERVICE DATE	117	3989	7143	3154
		11	186		117	3989	7143	3154
		11	186		117	3989	7143	3154
		11	186	DETAIL NOT COVERED BY COMBINAT	117	3989	7143	3154
				DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	117	3989	7143	3154
				DETAIL NOT COVERED BY COMBINAT	117	3989	7143	3154
3404927	CIBERDIAND CO M	8599	162	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	117	3989	7143	3154
3404927	CUMBERLAND CO M			DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE	117	3989	7143	3154
3404927	CUMBERLAND CO M	8599	162	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	117	3989	7143	3154
3404927		8599 8505	162	DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	117	3989	7143	3154
3404927		8599	162	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY,	117	3989	7143	3154
3404927		8599 8505	162	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	117			
3404927		8599 8505	162	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY,	117			
3404927		8599 8505	162 2806	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1117			
3404927		8599 8505	162	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	117			
3404927		8599 8505	162 2806	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT	117			
		8505 8505 8800	162 2806	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1177			
3404927	HC	8599 8505	162 2806	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NY BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE	117			
	HC	8505 8505 8800	162 2806 184	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	117			
	HC	8505 8505 8800	162 2806 184	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NY BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE	117			
	HC	8505 8800 8599	162 2806 184 166	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	3	3284	4991	1707
	HC	8505 8505 8800	162 2806 184	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NY BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE	117	3284		
	HC	8505 8800 8599	162 2806 184 166	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	3	3284	4991	1707
	HC	8599 8505 8800 9599 8505	162 2806 184 166	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM	3	3284	4991	1707
	HC	8505 8800 8599	162 2806 184 166	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NY BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NY BUDGET  DUPLICATE OF CLAIM-SYSTEM	3	3284	4991	1707
	HC	8599 8505 8800 9599 8505	162 2806 184 166	DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM	3	3284	4991	1707

		uron pr	www.m-				TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8505	41	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		8800	3	FURTHER PROCESSING NECESSARY,	_			
		0000	7	PLEASE CHECK FOR CLAIM ON	0	44	63	19
				FUTURE RA'S.				
				TOTOLD IN D.				
3404931	WAKE CO HUM SVC	11	187	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF	-		DATE				
	DIBLING OF							
		8505	60	CLAIM DENIED DUE TO INSUFFICIE	1	271	370	99
				NT BUDGET	-	272	370	
		24	10	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
3404932	RANDOLPH/SANDHI	8505	1334	CLAIM DENIED DUE TO INSUFFICIE				
	LLS CO MH C			NT BUDGET				
		8502	231	CLAIM DENIED DUE TO INSUFFICIE	44	1922	2370	448
				NT ALLOTMENT				
		21	110	DUPLICATE OF CLAIM-SYSTEM				
2404022		0505	1707	AT A THE PERSON PART OF A THOUSAND				
3404933	SOUTHEASTERN CT	8505	1703	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		11	156	CLIENT NOW BLICIPLE ON CERTICE				
		11	156	CLIENT NOT ELIGIBLE ON SERVICE DATE	69	2214	3490	1276
				DATE				
		8800	118	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404934	ONSLOW COUNTY B	8505	180	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		8599	102	DETAIL NOT COVERED BY COMBINAT	0	545	1177	632
				ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.				
		11	59	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
-	HEALTH CTR							
			1					
-		0	0		0	0	0	0
3404936	WILSON-GREENE M	8505	182	CLAIM DENIED DUE TO INSUFFICIE	1			
	ENTAL HEALT		1	NT BUDGET	1			
			1					
		21	156	DUPLICATE OF CLAIM-SYSTEM	10	389	1681	1292
			1					
			1		1			
			1					
		8800	26	FURTHER PROCESSING NECESSARY,	1			
			1	PLEASE CHECK FOR CLAIM ON				
			1	FUTURE RA'S.				
	1	1	1	The state of the s	1	I	1	1

		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
			DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404937		21	1048	DUPLICATE OF CLAIM-SYSTEM				
3404337	EDGECOMBE NASH	2.1	1040	DOFBICATE OF CHAIM-SISIEM				
	MNTL HLTH C			+				
		8505	223	CLAIM DENIED DUE TO INSUFFICIE	0	1371	1556	185
				NT BUDGET		1371	1330	103
		8800	99	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404938	RIVERSTONE MENT	8599	127	DETAIL NOT COVERED BY COMBINAT				
	AL HEALTH C			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	125	CLIENT ID NUMBER MISSING OR IN	98	460	2707	2247
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8931	54	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404939	NEUSE MENTAL HE	8505	632	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
		8800	423	FURTHER PROCESSING NECESSARY,	1	1378	2783	1405
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	137	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S	8599	384	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		100	0.4.5	CLIENT ID NUMBER MISSING OR IN				
		120	246		147	1076	3831	2755
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		537	116	PROCEDURE IS NOT COVERED FOR T				
		537	116	HIS DATE OF SERVICE				
				HIS DATE OF SERVICE				
3404942		8599	37	DETAIL NOT COVERED BY COMBINAT				
3101312	ROANOKE CHOWANH	0399	37	ION OF RECIPIENT, PROVIDER AND				
	UMAN SERVIC			BENEFIT PACKAGE.				
				BENEFII FACAGE.				
		11	35	CLIENT NOT ELIGIBLE ON SERVICE	_	105	1225	1120
			33	DATE	5	105	1225	1120
			+	+	+			1
		1	+	+	+			1
		143	16	CLIENT ID NUMBER NOT ON STATE	+			1
		-	+	ELIGIBILITY FILE	+			<b> </b>
			+		+			<b> </b>
			+		+			1
3404943	ALBEMARLE MENTA	8505	194	CLAIM DENIED DUE TO INSUFFICIE				1
	L HEALTH CE		1	NT BUDGET				1
	-							
			1		1			İ
		8800	172	FURTHER PROCESSING NECESSARY,	59	637	2806	2169
			1	PLEASE CHECK FOR CLAIM ON		,,,,,	,,,,	1
				FUTURE RA'S.				
		11	115	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS		FINALIZED	PAID
	FROVIDER NAME				DENTALS	DENTALS	FINALIZED	FALD
3404944	EASTPOINTE HUMA	8599	94	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
	II OLIVICIO			BENEFIT PACKAGE.				
		21	76	DUPLICATE OF CLAIM-SYSTEM	72	390	3230	2840
		8621	48	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREAM	21	2375	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		5404	1	SEVERE DUPLICATE: SAME ATTD PR		2376	2719	343
				OV/PCODE/TOS/DOS/MOD	,	2310	2,123	3.3
3404957	TIDELAND MENTAL	8505	212	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
	HEADIN CIK							
		21	126	DUPLICATE OF CLAIM-SYSTEM	72	536	1051	515
					74	336	1031	313
		8517	39	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
	TAB HEIH CI							
		0	0			0	0	0
					,		0	
3404979	NEW RIVER AREAM	8505	719	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO		-	NT BUDGET				
	II, DD/ SR FRO		+			<u> </u>		
			+			<u> </u>		
		21	540	DUPLICATE OF CLAIM-SYSTEM		1836	1920	84
			- 1			1030	1920	04
			_			1		
			+			<u> </u>		
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